

Senate File 561

H-1331

1 Amend Senate File 561, as amended, passed, and reprinted by
2 the Senate, as follows:

3 1. Page 77, after line 35 by inserting:

4

<DIVISION ____

5

PRESCRIPTION INSULIN DRUGS — COVERAGE

6

Sec. ____ . NEW SECTION. 514C.18A Prescription insulin drugs

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— coverage.

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1. As used in this section, unless the context otherwise

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requires:

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a. "Cost-sharing" means any coverage limit, copayment,

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coinsurance, deductible, or other out-of-pocket expense

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obligation imposed on a covered person by a policy, contract,

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or plan providing for third-party payment or prepayment of

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health or medical expenses.

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b. "Covered person" means a policyholder, subscriber, or

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other person participating in a policy, contract, or plan that

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provides for third-party payment or prepayment of health or

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medical expenses.

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c. "Health care professional" means the same as defined in

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section 514J.102.

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d. "Prescription insulin drug" means a prescription drug

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that contains insulin, is used to treat diabetes, that has been

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prescribed as medically necessary by a covered person's health

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care professional, and is a benefit covered by the covered

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person's policy, contract, or plan.

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2. Notwithstanding the uniformity of treatment requirements

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of section 514C.6, a policy, contract, or plan providing for

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third-party payment or prepayment of health or medical expenses

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that provides coverage for prescription drugs shall cap the

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total amount of cost-sharing that a covered person is required

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to pay per prescription filled to an amount not to exceed

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twenty-five dollars for up to a thirty-one-day supply of at

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least one type of each of the following:

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a. Rapid-acting prescription insulin drugs.

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b. Short-acting prescription insulin drugs.

1 c. Intermediate-acting prescription insulin drugs.

2 d. Long-acting prescription insulin drugs.

3 3. Nothing in this section shall be construed to prohibit
4 a policy, contract, or plan providing for third-party payment
5 or prepayment of health or medical expenses from reducing a
6 covered person's cost-sharing obligation by an amount greater
7 than the amount specified pursuant to subsection 2.

8 4. a. This section shall apply to the following classes
9 of third-party payment provider contracts, policies, or plans
10 delivered, issued for delivery, continued, or renewed in this
11 state on or after January 1, 2024:

12 (1) Individual or group accident and sickness insurance
13 providing coverage on an expense-incurred basis.

14 (2) An individual or group hospital or medical service
15 contract issued pursuant to chapter 509, 514, or 514A.

16 (3) An individual or group health maintenance organization
17 contract regulated under chapter 514B.

18 (4) A plan established for public employees pursuant to
19 chapter 509A.

20 b. This section shall not apply to accident-only, specified
21 disease, short-term hospital or medical, hospital confinement
22 indemnity, credit, dental, vision, Medicare supplement,
23 long-term care, basic hospital and medical-surgical expense
24 coverage as defined by the commissioner of insurance,
25 disability income insurance coverage, coverage issued as a
26 supplement to liability insurance, workers' compensation or
27 similar insurance, or automobile medical payment insurance.

28 5. The commissioner of insurance may adopt rules pursuant to
29 chapter 17A to administer this section.>

30 2. Title page, line 10, after <institutions,> by inserting
31 <prescription insulin drug coverage,>

32 3. By renumbering as necessary.

FORBES of Polk